

Receipt

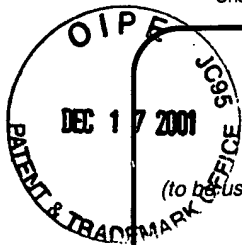
PTO/SB/21 (08-00)

Please type a plus sign (+) inside this box → ☐

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/649,478
Filing Date	August 28, 2000
First Named Inventor	Chewning et al.
Group Art Unit	2664
Examiner Name	
Attorney Docket Number	36968/194346

Total Number of Pages in This Submission

5

## ENCLOSURES (check all that apply)

☒ Fee Transmittal Form

☐ Fee Attached

☐ Amendment / Response

☐ After Final

☐ Affidavits/declaration(s)

☐ Extension of Time Request

☐ Express Abandonment Request

☐ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☐ Response to Missing Parts/Incomplete Application

☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

☐ Assignment Papers (for an Application)

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a Provisional Application

☐ Power of Attorney, Revocation Change of Correspondence Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CD(s) \_\_\_\_\_

☐ After Allowance Communication to Group

☐ Appeal Communication to Board of Appeals and Interferences

☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☒ Status Letter

☒ Other Enclosure(s) (please identify below):

**Request for Corrected Filing Receipt**

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name

Nora M. Tocups

Signature

*Nora M. Tocups*

Date

December 8, 2001

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: December 8, 2001

Typed or printed name

Hailey S. Sisk

Signature

*Hailey Sisk*

Date

December 8, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**FEE TRANSMITTAL**  
**for FY 2002**

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT** (\$ ) 0**Complete if Known**

Application Number	09/649,478
Filing Date	August 28, 2000
First Named Inventor	Chewning et al.
Examiner Name	
Group / Art Unit	2664
Attorney Docket No.	36968/194346

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**METHOD OF PAYMENT (check one)**

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit  
Account  
Number

11-0855

Deposit  
Account  
Name

Kilpatrick Stockton LLP

- ☒
- Charge Any Additional Fee Required
- 
- Under 37 CFR 1.16 and 1.17
- 
- ☐
- Applicant claims small entity status.
- 
- See 37 CFR 1.27

- 2.
- ☐
- Payment Enclosed:

☐ Check    ☐ Credit card    ☐ Money  
Order    ☐ Other
**FEE CALCULATION****1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
<b>SUBTOTAL (1)</b>					<b>(\$ ) 0</b>

**2. EXTRA CLAIM FEES**

			Extra Claims		Fee from below		Fee Paid
Total Claims	<input type="text"/>	-20 **	=	<input type="text"/> 0	X	<input type="text"/>	= <input type="text"/> 0
Independent Claims	<input type="text"/>	-3 **	=	<input type="text"/> 0	X	<input type="text"/>	= <input type="text"/> 0
Multiple Dependent					X	<input type="text"/>	= <input type="text"/> 0

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2)** (\$ ) 0

\*\*or number previously paid, if greater; For Reissues, see above

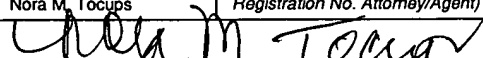
**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17 (q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

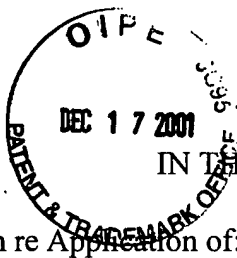
\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** (\$ ) 0**SUBMITTED BY****Complete (if applicable)**

Name (Print/Type)	Nora M. Tocups	Registration No. Attorney/Agent	35,717	Telephone	404.815.6213
Signature				Date	December 8, 2001

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Ward M. Chewning III et al.

Serial No.: 09/649,478

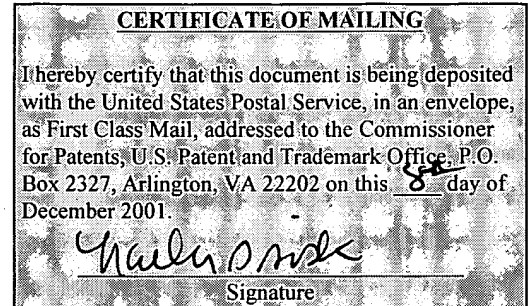
Filed: August 28, 2000

For: Methods and Systems of Network  
Management

Group Art Unit No. 2664

Examiner:

Commissioner for Patents  
U.S. Patent and Trademark Office  
P.O. Box 2327  
Arlington, VA 22202



STATUS INQUIRY

Dear Sir:

Pursuant to M.P.E.P. § 203.08, the undersigned attorney inquires as to the status of the above-identified application. The referenced application was filed one year and four months ago, on August 28, 2000. No office action has been received. The undersigned respectfully requests notification of the status of the application.

Respectfully submitted,

*Nora M. Tocups*

Nora M. Tocups  
Reg. No. 35,717

KILPATRICK STOCKTON LLP  
1100 Peachtree Street, Suite 2800  
Atlanta, Georgia 30309-4530  
(404) 815-6213  
Attorney Docket No. 36968/194346  
BS No. 99144

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Ward M. Chewning III et al.

Serial No.: 09/649,478

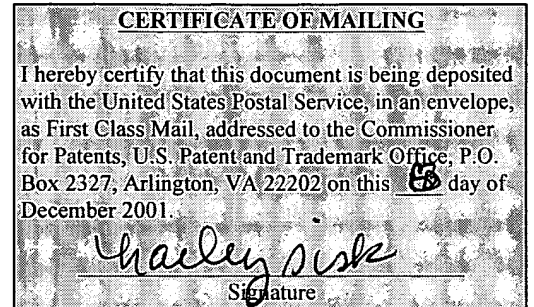
Filed: August 28, 2000

For: Methods and Systems of Network  
Management

Commissioner for Patents  
U.S. Patent and Trademark Office  
P.O. Box 2327  
Arlington, VA 22202

Group Art Unit No. 2664

Examiner:



**REQUEST FOR CORRECTED FILING RECEIPT**

Dear Sir:

Please correct the following errors on the filing receipt for this application and issue a new filing receipt:

“Ward M. Chewing” should be --Ward M. Chewning III--

“Fairborz Behi” should be --Fariborz Behi--

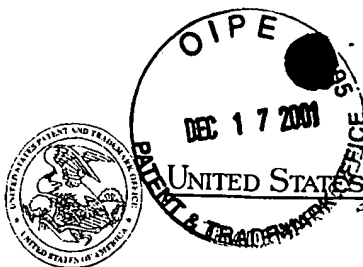
A copy of the filing receipt with the necessary changes made in red ink is enclosed.

Respectfully submitted,

Nora M. Tocups  
Reg. No. 35,717

KILPATRICK STOCKTON LLP  
1100 Peachtree Street, Suite 2800  
Atlanta, Georgia 30309-4530  
(404) 815-6213  
Attorney Docket No. 36968/194346  
BS No. 99144

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## UNITED STATES PATENT AND TRADEMARK OFFICE

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WASHINGTON, D.C. 20231  
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/649,478	08/28/2000	2664	840	36968/194346	41	1	1

23370  
JOHN S. PRATT, ESQ  
KILPATRICK STOCKTON, LLP  
1100 PEACHTREE STREET  
SUITE 2800  
ATLANTA, GA 30309

## FILING RECEIPT



\*OC000000005640037\*

Date Mailed: 12/27/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Ward M. Che<sup>^</sup>wing<sup>III</sup>, Lawrenceville, GA ;  
Fairborz Behi, Dunwoody, GA ;  
Martin Alan Cooper, Dunwoody, GA ;

## Continuing Data as Claimed by Applicant

THIS APPLN CLAIMS BENEFIT OF 60/151,120 08/27/1999

## Foreign Applications

If Required, Foreign Filing License Granted 10/18/2000

## Title

Methods and systems of network management

## Preliminary Class

370

Data entry by : RORIE, DEANNA

Team : OIPE

Date: 12/27/2000



Entered Computer

1/5/01 194346 A

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 WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 8425

<b>SERIAL NUMBER</b> 09/649,478	<b>FILING DATE</b> 08/28/2000 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2662	<b>ATTORNEY DOCKET NO.</b> 36968/194346
<b>APPLICANTS</b> Ward M. Chewning III, Lawrenceville, GA; Fariborz Behi, Dunwoody, GA; Martin Alan Cooper, Dunwoody, GA;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/151,120 08/27/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/18/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWING</b> 41	<b>TOTAL CLAIMS</b> 1
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 23370				
<b>TITLE</b> Methods and systems of network management				
<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	